

United States Environmental Protection Agency National Clean Diesel Rebate Program Rebate Application

OMB Number: 2060-0686 Expiration Date: 10/31/2015

olicant Information		- undan	g Year 2012	Target Fle	er journ	JOI DUS	, CDU	e Type R	7		
rganization Name IIIi	nois Ce	ntral T	ruck Leasir	ng LLC	<u> </u>						
ddress 802 North S	t.										
ity Mazon			County	County/Parish Grundy State			e IL	ZIP	60444	CLEAR CONTRACTOR OF THE PERSON	
Employer/Taxpayer No. (EIN/TI				37.4							
ligible Entity Informa wate fleet owners are able to quested, are currently contra- isdiction over transportation	apply for f	unding fi	rom the National eligible entity.	Clean Diesel Rebate l An eligible entity is a fe	deral, regio	onal, State, local, ants and eligible	or tribal ag entities, ple	ency or port ase refer to t	he Progra	with im Guide.	
			Eligible Entity Name				Eligible Entity Location (City, State) Waukegan IL				
State Govt/Agency		an Comm. Unit School Dist. 60 Wauke									
for private fleets	as desc	ile(s) o cribed a	r equipment, above and in	the terms and co	unds are nditions v	vithin the Pro	gram Gu	ide.	un emei		
ginal Vehicle											
Vehicle Identification Number	Engine Model Year	Vehicle Class	Engine Manufacturer	Engine Family Name	Annual Miles	Annual Fuel Consumption	Annual Idling Hours	Locatio Opera County		Rebate Amount*	
1HVBBAAN7TH403427	1996	3	NavDT466E	SNV466D6DA5A	4,200	650	95	LAKE	<u>I</u> L	20,000	
1HVBBAAN4TH403434	1996	3	NavDT466E	SNV466D6DA5A	10,250	1,580	103	LAKE	<u> </u> L	20,000	
1HVBBAAN6TH403435	1996	3	NavDT466E	SNV466D6DA5A	8,550	1,325	40	LAKE	IL	20,000	
1HVBBAAN0TH403429	1996	3	NavDT466E	SNV466D6DA5A	10,058	1,550	200	LAKE	<u> </u> L	20,000	
1HVBBAAN5TH403426	1996	3	NavDT466E	SNV466D6A5A	9,000	1,390	110	LAKE	<u>I</u> L	20,000	
I certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide.							Tota	l Funds Re	quested	100,000	
I certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.							*P i e	ase see the for eligible			
olicant Signature											
By signing, I certify knowledge. If sele funding.	cted for	fundin	g, I agree to p	orovide the requir	ed docur	mentation and	d assura	nces nece	ssary ro	or į	
unding for the National	Cloop F	N: I F	Jahada Dunan	:		F	cooriotio	an Diocor			